

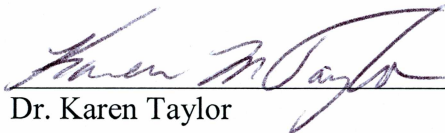
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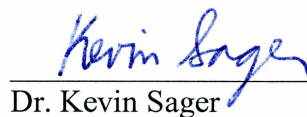
A TEXTUAL ANALYSIS OF DRUG INTERVENTIONS

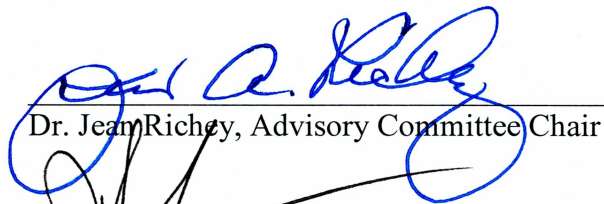
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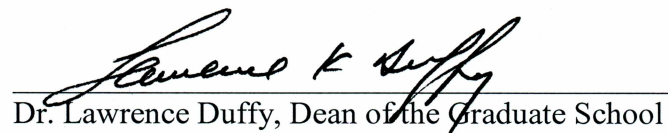

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WE NEED TO TALK AND THE NATION IS WATCHING:
A TEXTUAL ANALYSIS OF DRUG INTERVENTIONS

A
THESIS

Presented to the Faculty
of the University of Alaska Fairbanks

in Partial Fulfillment of the Requirements
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By

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ABSTRACT

Addiction is something that millions of people struggle with. Many are unable to or do not realize that they have a problem. Previously kept as an embarrassing family secret, drug interventions have gone Hollywood. The entertainment industry began publicizing these once private affairs for the nation in the early 2000's; unfortunately, publicity does not ensure a problem will be addressed in the appropriate manner. Drug interventions are typically conducted in secret, away from the prying eyes of neighbors or community members. By a stroke of genius or insanity, the producers at A&E realized the American public's fascination with the dark underbelly of society and televised the taboo phenomenon of interventions. The purpose of this qualitative study is to identify emergent themes through the comparison and textual analysis of multiple episodes of A&E Television Networks series *Intervention*, focusing on family participation in illicit drug interventions. These televised interventions offer a rare and unique glimpse into the processes and consequences for those involved. The viewer is given the opportunity to observe the effects an intervention may have on the family unit, as well as on individuals.

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CHAPTER 1

INTRODUCTION

“It only seems like she been doin one thing her whole life. My mother's a crackhead. When I smoke crack, it's something really satisfying my flesh. My mother definitely has delusions of grandeur. You can never be too thin or too rich. I am really a Cabernet Sauvignon smoker, too. We don't know who she owe money to. That's my secret. I was a very happy kid. I just loved to dance. The monster was too big for me to stop.”

(Leigh Stein, 2011)

1.1 Background

While channel surfing a few years ago, I came across a program that dealt with a subject I was far too familiar with, illegal drug use and family initiated interventions. My first encounter with A&E's *Intervention* emotionally overwhelmed me, leading to an unstoppable flood of tears. As I watched a family I had never met struggle to save their loved one from a premature death, I was unable to keep the thoughts of my own family from my mind. My mother and father were both heavily involved in illegal drugs for the first fifteen years of my life; to say I had a rocky start is an understatement. Growing up I never realized that my community saw me as just another statistic. An unfortunate, destined to fall between the cracks, never to rise above a low income birth. I had heard my friends' parents or neighbors degrade my family, negatively commenting on the unkempt state of our hygiene, personal belongings, and home. I am thankful that during my pre-teen years I failed to grasp the overtly negative association that accompanied such derogatory statements. Had I possessed a more in-depth understanding of these

comments, they may have had a more adverse impact on my development. Unfortunately, childhood did not provide a magical bubble. I recognized that my family was not fully accepted by the community.

Thankfully, these associations motivated, rather than discouraging me. Having experienced firsthand how cruel society can be to those on the fringes, I have made a conscious effort to make myself visible through positive achievements. I have been successful in part because my young and naive mind never acknowledged how many opportunities were not being presented to the children in my family because of our parent's inability to be functional members of society, and partially attributable to several educators that saw a glimmer of potential in me. I am grateful to the men and women that volunteered their time to give me the extra attention my mind was craving during breaks or after school. This small group of people continued to encourage me during times of personal adversity.

Throughout my life I have observed my family and the hardships that they have endured, in large part because of their lack of education. These observations inspired me to not only scratch the surface of my curiosities, but to break through and look at the real issues. Having successfully reached adulthood and facing the sometimes difficult choices that accompany it, I am increasingly aware of the impact my parents' life-choices have had on my own life. As an adult child of parents with drug addictions I think that it is important to discover how parental decisions to abuse illegal substances impact the communication of the family unit.

1.2 Rationale

Nationwide studies indicate that families are struggling with addiction and the consequences that accompany it. According to the 2010 National Survey on Drug Use and Health conducted by the Substance Abuse and Mental Health Services Administration (2011) in the United States 6.6 percent of adults ages 26 or older currently use illicit drugs (p. 18). In this instance, “illicit drugs include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics used nonmedically” (p. 7). The life stories of families struggling with drug addiction and the hardships associated with addiction have been publicized and are currently being broadcast via television and the internet as entertainment to the masses. Drug addiction is no longer a taboo subject that must not be discussed in public.

1.3 Significance of Study

Utilizing televised interventions provides researchers with a unique opportunity to study a very private interaction without being excessively intrusive in the process. This may lead to an increase in the understanding of communication styles employed during an illicit drug intervention involving primary family members. Possible benefits for future researchers include a firm base to begin additional research, alternative perspectives on the intervention process, and acknowledgment of the importance of the anticipated socialization process for family members and the increased probability of success, in addition to increasing families’ knowledge base prior to preparing for the illicit drug intervention of a loved one.

CHAPTER 2

Review of Literature

“Some say the world will end in fire, Some say in ice. From what I’ve tasted of desire. I hold with those who favor fire. But if it had to perish twice, I think I know enough of hate. To say that for destruction ice. Is also great. And would suffice.”

(Robert Frost, 1920)

2.1 Health Communication & Addiction

A subfield in applied research, health communication displays a functionalist concern with assisting health care professionals in identifying as well as overcoming perceived communication inadequacies that affect the delivery of public health related services (Lindlof & Taylor, 2011). It is an area of research that concerns those currently living and future generations. According to the World Health Organization (2011), “health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity” (p. 100), no amendments have been made to this definition since 1948. Health is a dynamic process as opposed to a stable entity (Wright, Sparks, & O’Hair, p. 5, 2008). Additionally, the definition includes a person’s “ability to perform personally valued family, work and community roles... and freedom from the risk of disease and untimely death” (WHO, p. 100). Research regarding personal health and the issues surrounding overall health are important to future generations, especially when those generations are facing ever increasing rates of substance addiction.

Substance addiction is just one aspect of health communication, as defined in *When Society Becomes an Addict*, addiction is any [negative] process over which an individual is powerless (Schaefer, 1987). An addiction takes control of the individual, causing them to do or think in ways that are inconsistent with personal values and pushing them to become progressively more compulsive and obsessive (p. 18) Within the family unit, a person may discuss specific aspects of life that are seen as detrimental on an individual or communal level. Certain behaviors, such as illicit drug abuse, not only affect the abuser, but individuals close to them, such as their families. Acknowledgment of this interpersonal family communication is necessary to better understand the communication styles elicited by family members affected by one or both parents' illicit drug abuse. The argument has been made that a way of living intentionally chosen by the individual is that person's preferred lifestyle, and not an addiction. The distinction should be discussed and made by the family unit. However, addiction is typically not acknowledged by the individual afflicted by it. Additionally, it is possible that a codependence may develop for those closest to the addict further complicating the situation.

Initially coined by Alcohol and Other Drug Problem (AOD) counselors, codependency is understood to be; spouses, offspring, and sometimes friends of addicts who engage in enabling. Codependent enablers participate in activities believed to aid and abet addictive behavior (Asher & Brissett, 1988). An understanding of this concept may be beneficial in identifying the communication styles enacted during an intervention. The co-dependent family member or friend has an irregular thought process and is in

need of recovery treatment just as much as the addict. A codependent person may become so entangled in the other person that their sense of self and personal identity can be severely restricted, in that the other person's identity and problems crowd out their own (Hemfelt, Meier, & Minirth, 1989). Without treatment, the unhealthy behaviors exhibited by the codependent will continue to hinder the health and wellbeing of all parties involved. According to Schaef (1987) co-dependents feel a need to find answers and explain things for others, especially the addict. Exemplified by this statement, "Interpreting and believing that you should have answers for others is the disease itself" (p. 90). These individuals are advised to seek external support, such as counseling or therapy, to address the negative impact of their co-dependent behaviors.

2.2 Health Behavior Change: Interventions

"God, give us grace to accept with serenity the things that cannot be changed, Courage to change the things which should be changed, and the Wisdom to distinguish the one from the other ... "

(Reinhold Niebuhr, n.d.)

Changing a self-destructive health behavior, like illicit drug use, is not a simple task. The afflicted person must be ready and willing to make the necessary adjustments to achieve a health behavior change. A person's ability to make the shift from destructive health behaviors to healthy behaviors is correlated with his or her beliefs and attitudes concerning specific health behaviors.

Behaviors that are detrimental to a persons' physical, psychological, or overall well-being may result in a premature or untimely death. However, if changes in a

person's behaviors are made with the intended purpose of improving their overall wellbeing, the individual has participated in a health behavior change. Interventions fall under this category. They may be initiated by external forces the intended outcome is a positive effect on the actual and perceived health of an individual. An intervention is an act of interjecting with the intent of modifying an outcome. The general understanding of an illicit drug intervention is that it takes place only after an individual has reached his or her personal *rock bottom*. This approach is often inefficient. For instance, when a person has a purely physical disorder, like cancer, addressing the disease is not put off until it is undeniable. Physical disorders are addressed as soon as possible. Treatment of a problem, such as an addiction, is almost always more effective when the problem is less rather than more severe (Prochaska, Norcross, & DiClemente, 1994, p. 77). Unfortunately, interventions have not to date had a single timeline and structure developed that is effective in all cases. For this reason it is important to modify interventions depending on the individual being assisted. Noar, Harrington, and Aldrich (2009), reported on message tailoring, a focused practice of "designing messages at the individual-level" (p. 75) as the foundation for tailored interventions. These begin with an individual assessment of a variety of characteristics that are specific to the behavior being studied. The researchers stated, pertaining to the development of persuasive health communication, message tailoring is "any combination of strategies and information intended to reach one specific person, based on characteristics that are unique to that person, related to the outcome of interest, and derived from an individual assessment" (p. 76).

Multiple approaches to interventions are available, yet only a select few have been studied for overall effectiveness and the ability to decrease relapse. Of these approaches, a trend has developed. Interventions that focus on the social aspects as well as the personal welfare of the user appear to be more successful than those that focus solely on the user. It is important to note that the “quality of family relationships impacts” (Copello, Velleman, & Templeton, 2005, p. 373) the user, in that “positive marital and family adjustment is related to positive treatment outcomes” (p. 373). Family members being involved with interventions for alcohol and substance abuse problems result in a higher likelihood that treatment will be sought by the user (p. 379). The evidence in favor of family involvement suggests that interventions should no longer exclude the social aspects of the user’s life. A focus on inappropriate consumption by the individual in question must be central to the process; however, addiction is not always the sole issue. At times a person may be afflicted by addiction in addition to other compounding issues as mental health disorders or physical infirmities. If this is the case, each negative aspect must be addressed by the intervention otherwise the negative consequences will not be altered.

One possible interview structure has been implemented by interventionists for the A&E Television Series *Intervention* (2011) is as follows: (a) Identifying the need for an intervention; (b) followed shortly thereafter by a meeting with concerned loved ones and a professional in the field of addiction counseling. This meeting should take place before confronting the addict. The pre-intervention meeting should address personal feelings about the addict, their behavior, and the effects of their behavior on each individual; (c)

Members of the group should write personal letters to the addict stating the negative effects of their addiction; mentally, physically, financially, and so on. Each letter should include a statement of *love* [support] and indicate that without change, the addict will no longer be a part of that person's life. The last thing each letter should address is an encouraging statement for the addict to accept the help toward recovery being offered; (d) Next the intervention should be held in a neutral location with the professional and loved ones present prior to the addicts' arrival; (e) All members of the intervention should welcome the addict once they arrive, standing if possible; (f) Each member will read their letters to the addict encouraging them to accept the help being offered. Again, they should encourage acceptance of the help toward recovery being offered while also stating the negative consequences if treatment is refused.

The intervention structure implemented by the A&E interventionists is but one available to those in need. Inconsistencies in both delivery of interventions and family involvement pose problems for researchers and participants alike. Further research is needed to understand these inconsistencies and to determine if it is plausible to enact a standard approach to family participant interventions. A standard approach may reduce the amount of time necessary to implement an intervention, increase the overall effectiveness of the intervention, and reduce the number of structural weaknesses that may lead to failure.

While there is a common assumption that only negative outcomes are possible for the families and friends of alcoholics and/or substance abusers, it is still possible that positive outcomes may result for these individuals. Copello et al. (2005) reported on

illicit drug abuse and the negative effects for all parties involved (the user and the people closest to them). Yet, they also reported on the possible increase in positive reactions to interventions when family and friends were involved in the treatment process. Their findings displayed that the people closest to the abuser are typically family members or close friends and display “symptoms of stress that merit help on their own right,” however, “involvement of family members in the treatment of their relatives with addiction problems can enhance positive outcomes” (p. 369). Information regarding either positive or negative outcomes for the family members whom have participated in a loved one’s intervention is not as readily available.

2.3 Support Systems for the Family & Friends

“When there's a drug addict in the family, whether it is a child or parent, everyone suffers. Often the addiction is so crippling that family members suffer as much as the addict from its effects. Support groups are provided for addicts in recovery; so too are there support groups for their family members.”

(Project Know, 2012)

Concern for a loved one can prompt an individual or family to seek information from multiple sources depending on their specific needs. The family and friends may self-initiate participation in some sort of support program, be it on an individual basis or in a group setting. Resources are available in a variety of formats and ranges from self-help programs, in-group support systems, and one-on-one counseling sessions. These resources may be combined in a number of ways depending on the requirements of the individual or family. Regardless of the program sought by an individual or family, the

desired outcome is typically the same. To increase the understanding of what addiction is and how it impacts the addict and those closest to them, while developing a sense of personal responsibility or the autonomous self. The autonomous self refers to each person being responsible for their own actions and the consequences that follow. It is important for the family and friends of an addict to claim their own actions, while also allowing the addict to take responsibility for their own actions. The family and friends of an addict may begin their search for support by referencing self-help texts or internet based organizations.

Self-help texts that are geared toward those surrounding an addict cover a wide range of subjects, level of involvement, and contexts. These texts may be applicable to the families of alcoholics as well as drug addicts and include explanations of the different aspects of addiction, as well as, the effects addiction may have on the family and ways to initiate recovery from said addiction. Toby Rice Drews (1980) has authored multiple volumes of self-help texts such as *Getting Them Sober-You Can Help! (volumes one through four)*. Drews also advocates for a self-help website by the same title. It is logical to assume that multiple forms of support can be beneficial. While self-initiated support systems may be adequate for some, others may need additional external support. For those individuals in need of additional support there are a variety of support programs that are exclusively for the family and friends of addicts. Examples include: family therapy, anonymous support groups, and online support forums. Each has a unique method of delivering support while aiding the individual and family in achieving a

healthier mentality regarding their own possibly destructive behaviors and understanding the mentality of the addict.

Family therapy is at the forefront of the support system. One form of family therapy functions under specified settings by a licensed psychologist or therapist and strictly enacts face-to-face communication. Therapy sessions may be one-on-one with the licensed administrator, or in a group that encourages each family member to participate.

Alternatively, there are anonymous groups that allow individuals to interact with others with similar experiences and allow individuals to express themselves in a safe, secure, and supportive environment. These types of support groups for the family and friends of addicts adhere to strict rules of anonymity. Most groups allow participants to interact on a first name basis only. Discussing the group and its members in public is prohibited. Because these groups function under the assumption that members are in a safe and supportive environment where they can discuss personal issues without the fear of their private lives being brought to the attention of their communities, some individuals may find them to be a productive form of therapy. One face-to-face support group is known as Nar-Anon Family Groups, short for Narcotics Anonymous Family Groups. Nar-Anon Family Groups is a worldwide fellowship for those affected by someone else's addiction (Nar-Anon, 2011). This organization offers support for the family and friends of addicts by sharing the experiences, strengths, and hopes of others. The Nar-Anon support system is structured in a twelve-step pattern, comparable to those implemented in the Narcotics' Anonymous and Alcoholics' Anonymous programs. The Nar-Anon Principles include Nar-Anon's Twelve Steps, Nar-Anon's Twelve Traditions,

and Nar-Anon's Twelve Concepts. The twelve steps revolve around the family member or friend admitting that they are not in control of the actions of the addict. This is in addition to surrendering all of their personal character flaws, wrong doings, and shortcomings to a "higher power" (Nar-Anon, p. 1, 2011). The program focuses on a "higher power" which is referred to as God, Him, or a Power greater than us. The emphasis is no longer intended to promote a strictly religious context; however, the religious overtones may prevent those in need of support from seeking aid from Nar-Anon. There are alternative support groups for friends and family of addicts who do not subscribe to a theological lifestyle. Individuals may find additional support through online support groups, blogs, and chat rooms. At times a person may find a professional is unable to provide the type of support they need. Web based outlets offer practical support, personal success stories, and general information from a largely anonymous group for these individuals.

2.4 Communication Styles

All communication is contextually based, and no two people will communicate in exactly the same ways. Individuals exhibit communication styles that are influenced by context and thus are flexible. Vries, Bakker-Pieper, Siberg, Gemeren, & Vlug (2009) define communication style as "the characteristic way a person sends verbal, paraverbal, and nonverbal signals in social interactions denoting (a) who he or she is or wants to (appear to) be, (b) how he or she tends to relate to people with whom he or she interacts, and (c) in what way his or her messages should usually be interpreted" (p. 179). Here intrapersonal communication behaviors, cognitive analyses of others' utterances or inner

affective states in reaction to the utterances, are excluded while interpersonal communication behaviors are focused upon. Intrapersonal communication is not observable. While it does impact communication, including it in the definition of communication styles would make it nearly impossible to classify accurately.

Interpersonal communication requires individuals to interact in various intentional and unintentional ways. Some individuals are more reflexive, engaged in the listening process, and/or intent on providing nonverbal feedback, while others are more socially dominant and verbally robust. Variations in the ways in which people communicate yield endless styles of communication. These styles are unique to each individual and do not exist in a vacuum. Overlap in communication styles are common, as is fluctuation between designated styles. During interpersonal communication others make assumptions based on verbal, paraverbal, and nonverbal utterances in an attempt to identify what style is in use and how to respond accordingly. Supportive and defensive communication styles exist on a continuum. An individual may fluctuate between the degrees of supportive or defensive communication they exhibit on a contextual basis.

Defensive communication (defensiveness) as defined by Baker (1980) is a somewhat hostile, emotional state which causes people to either partially or totally reject incoming messages and other stimuli which they perceive as being incorrect or contradictory to their point of view (p. 33). Defensiveness distorts the message being sent and received. Defensiveness in one individual also tends to increase defensiveness in others (p. 37). Once others enact defensive communication as well, the climate is now a defensive one. Gibb (1961) created six behavior characteristics of a defensive or

supportive climate in small groups (p. 143). These six have been summarized by Jones (2006) (a) evaluation language (judges, quantifies, or accuses); (b) control messages (impose the views of one person on another without concern or interest in what the other thinks or feels); (c) strategic communication (the speaker has an agenda or ulterior motive; (d) neutrality (communication conveys indifference to the other); (e) superior communication (all others are inferior or inadequate in some way, therefore, the speaker has no interest in what they might say); and (f) certainty (a person believes they are right, they are narrow-minded and are unwilling to listen to another point of view) (pp. 3-8). Nonverbal and paraverbal communication are also included in defensive communication. For instance, physical gestures (crossing of the arms, standing in a domineering way, pacing or rocking back and forth), facial expressions (an unwillingness to make eye contact, furrowing of the brow, or puckering of the lips), or the way that something is said (harsh tones, forceful language/terms) can be interpreted as defensive.

As described by Gibb (1961) a reduction in defenses designates the receiver as being better able to concentrate upon the structure, the content and the cognitive meanings of the message. Supportive communication or a defense-reductive climate indicates that the receiver reads less into the communication distorted loadings [messages that have been skewed] which arise from projections of his own anxieties, motives and concerns (p.144). Gibb also identified six behavioral characteristics of supportive climates in small groups; from these Jones (2006) summarized: (a) descriptive language (focuses on the speaker's perceptions-"I" language); (b) problem orientation (signals respect and the desire to make a decision or find an agreeable solution); (c) spontaneity

(honest and forthright communication, the speaker shares thoughts and feelings openly); (d) empathy (understanding and appreciating the other's feelings); (e) equality in communication (the other is valued and worthy as a human being); and (f) provisional communication (acknowledging other points of view) (pp. 3-8). Baker (1980) goes on to describe three strategies for achieving nondefensive, nonthreatening relationships with others, (a) understanding or empathy for others is needed [as previously indicated, empathy is an important aspect of a supportive climate] judging or evaluating the individual and/or their comments only lead to an increase in defensive communication tactics; (b) consider all parties as equals that are both important and competent (avoid demeaning them and their contributions); and (c) consistency or being genuine in all aspects of communication (p. 40). Supportive communication provides a welcoming environment that is signified by open-mindedness for all parties while reducing the possibility of distorted messages being created. Supportive communication also includes nonverbal and paraverbal communication. Each of which may be identified in various ways. Supportive nonverbal communication may be indicated by a friendly smile, an open stance, or eye contact. Paraverbal communication that is supportive includes gentle tones and carefully crafted messages among other things.

2.5 Research Question

A focus on family participation in the planning and implementation of illicit drug interventions sparked an interest in research pertaining to televised interventions and possible consequences for those involved, specifically the family members of the addict.

RQ₁: During an illicit drug intervention what styles of communication behaviors are present in the intervention interaction between family members?

CHAPTER 3

Methodology

3.1 Research Contexture

A textual analysis [previous scholars refer to this as content analysis] was conducted to gather, codify, and analyze primary data sources for this study on televised illicit drug interventions. Constructionism as well as Interpretivism will be described in regards to theoretical framework and perspective. Hermeneutics, Grounded Theory, Transtheoretical Model, and Systems Theory in research methodology will then be discussed. The methods, procedures, participants, and methods of analysis sections will also be covered.

3.2 Epistemology

Meaning is not discovered, it is constructed. Constructionism may be described as a unique and different approach to the combination of objectivity and subjectivity. The world and the objects in it are already there, they do not possess meaning in and of themselves. Meaning is constructed by those that interact with the world and its objects (Crotty, 1998, p. 44). Humans are constantly involved in the construction of meaning. The process of conducting and participating in an intervention for a family member is a perfect example of how meaning is constructed. When the addict interacts with their family members prior to, during, or after an intervention, it is like a person interacting with an object. Initially the object/addiction does not carry meaning within itself. But after the family members have interacted with the concept (addiction) they then proceed

to construct the meaning associated with the concept (addiction). This meaning may be similar to meanings constructed by other individuals; however, it will not be identical. Similar processes occur between individuals in the family unit as well as with the addict, before, during, and after the intervention.

3.3 Theoretical Perspective

The interpretivist approach “looks for culturally derived and historically situated interpretations of the social life-world” (Crotty, 1998, p. 67). This approach will allow the researcher to comprehend the lived experiences of others by situating themselves in the appropriate context. In order to analyze data in a meaningful way, it is important to understand the historical and cultural influences that have shaped an individual. Interpretivists believe that researchers should try to understand social action from the actors’ point of view. Thus, interpretivism holds understanding as a focal point and “a methodological challenge: the meaningful experience of others is a mystery that requires careful discernment” (Lindlof & Taylor, 2011, p. 35). While it is impossible to know what it is like to be another person, the closest thing one can do is observe them as a unique being. Additionally, Lindlof and Taylor (2011) stated, the realities of individuals are unique and accomplished between humans through “their symbolic practices of expression and interpretation” (p. 8). Their description indicates that social realities are both shared and emergent in nature.

3.4 Research Methodology

3.4.1 Hermeneutics

In some instances it is not possible for a researcher to actively participate or observe a phenomenon as it takes place, this is where a researcher may use available documented sources to perform studies. Hermeneutics provides guidelines for scholars as they interpret texts. According to Crotty (1998) these guidelines also apply to unwritten sources; human practices, human events, human situations — in an attempt to ‘read’ these in ways that bring understanding (p. 87). Hermeneutics functions with practical purposes in view. For instance, emphasizing texts as a means of transmitting meaning--- experiences, beliefs, values; the sharing of meaning between communities or persons. The researcher engages in hermeneutics in an attempt to gain an understanding of the text that is deeper or goes beyond the author’s own understanding (p. 91). This is accomplished through the process described by the hermeneutic circle. The researcher ‘reads’ the text, developing a basic understanding, then returns to the texts where that understanding aids in a deeper comprehension. The process may take place over long periods of time, where the researcher begins to understand the whole by grasping its parts; repeatedly weaving between the general and specific until the researcher no longer discovers new insights from the text (p. 92).

Document analysis of primary and secondary sources provides the researcher with rich pools of information to draw from. Document analysis includes a broad range of formats such as photography, films, and videos; each containing its own unique informational richness (Lindlof & Taylor, 2011).

3.4.2 Grounded Theory

Denzin (2003) describes grounded theory as an emergent process that focuses on slices of social life rather than social structures of whole communities (p. 271). Grounded theory centers on two concepts, acknowledgment of the relationships between data and the categories into which data is coded, and the codes, which fluctuate while the researcher is in the field. According to Bryant and Charmaz (2007) codes set up the relationship with the data and with the respondents. There are two types of coding substantive/open coding and theoretical coding. Open coding consists of the researcher interacting with the material and starting the process of breaking it down into core categories. Having identified core categories, the researcher then progresses to theoretical sampling. Here the researcher focuses on data that is directly related to the core themes. This focus leads to theoretical saturation, where in the researcher continually makes comparisons between the data and the categories (Ellingson, 2009, pp. 55-57). This constant comparison ensures that the category is fully developed so that the researcher can begin theoretical coding. In order to achieve theoretical coding, the researcher must apply theories that explain human social behavior to the data, followed by the researcher coding the data with their own notes regarding concepts and categories. Denzin (2003) states that grounded theory's strengths reside in strategies for the step-by-step analytical process, a self-correcting data collection process, a focus on theory and simultaneous opposition to acontextual description, and an emphasis on comparative methods (pp. 270-271). As found in *The Strategies of Qualitative Inquiry* there are five basic groupings that the constant comparative method of grounded theory utilizes; (a) comparing different

people (such as their views, situations, actions, accounts, and experiences), (b) data from the same individuals compared with themselves at different points in time, (c) incident compared with incident, (d) data compared with category, and (e) category comparison (Denzin, 2003, pp. 259-260). These groupings allow the researcher to interpret and analyze data.

Grounded theorists can only claim to have interpreted *a* reality, as they understand both their own experience and the subjects' portrayals of theirs. The analysis made by a grounded theorist tells a story about people, social processes, and situations (p. 271). A chosen lens with which to view the results is then based upon or grounded in the data. Thereby leads to a wiser choice of theoretical perspective to showcase the findings. As a result of the researcher immersing themselves in the data and reflecting on the emergent themes, they then chose two theoretical perspectives that best addressed the findings: (a) systems theory, and (b) Transtheoretical Model: Stages of change.

3.4.3 Systems Theory: A Family Approach

A system is an assortment of parts that when combined form a whole. Without the individual parts the system as a whole cannot function properly. Similarly, in a family, change in an individual will alter the overall functionality of the family (Galvin, Bylund, & Brommel, 2004). When a member of a family, especially one in a role model position such as a parent, is involved in a major life change, the effects on the other family members are great. The everyday activities that had become the norm may no longer be applicable, perhaps even intolerable. As when a person is involved in an intervention for an addictive behavior and makes the decision to change their actions, routines prior to the

intervention will not be conducive to the new healthier environment. When one part of the system changes the ways in which it functions, the other parts must either adapt or the system will fail. The adaptations made by the system (other family members) are of particular interest. The communication process that family members are involved in constitutes the family system. This communication creates, maintains, and changes the system (Galvin & Brommel, 1996).

3.4.4 Transtheoretical Model: Stages of Change

The Stages of Change is included in the array of treatment techniques and interventions for those suffering from an addictive behavior. According to Prochaska, Norcross, and DiClemente (1994) such individuals in need of behavioral changes are at one of six stages: (a) precontemplation, (b) contemplation, (c) preparation, (d) action, (e) maintenance, and (f) termination. These individuals have been identified as changer(s) in the original text, this term will be replaced with addict(s) for the purposes of this paper. Each stage as well as concerns regarding the model will be described.

Someone in the precontemplation stage has no intent to change. The addict may not even recognize that they have an addiction or they may view their addiction to be more beneficial than detrimental (Prochaska et al., 1994, p.40). While in the contemplation stage the addict is thinking about change and possibly seeking information regarding their addiction. The addict would also begin to assess the pros and cons of change; however, they are not yet prepared to change (pp.41-43). Unfortunately, without further motivation an individual may remain in this stage for an indeterminate amount of time. Those who do progress move into the preparation stage, where an individual is

ready to change their attitude as well as behavior. These individuals may increase self-regulation in an effort to begin the process of change (p.43). At this stage the individual intends to make the necessary behavioral changes within one month, and have successfully done so within a year. This propels them into the action stage. Here an addict begins to modify the negative behavior. They learn the skills that will increase their ability to prevent a relapse into the negative behavior (Prochaska et al., 1994, pp.44-45). Finally, the addict moves to the maintenance stage indicated by the addict's ability to sustain the changes that they have accomplished (pp.45-46). It is important to note that individuals typically do not move through these stages fluidly or in a linear fashion. According to Prochaska, , DiClemente and Norcross (1992) individuals typically recycle through these stages several times before termination of the addiction (p. 1102). Termination is the ultimate goal for the (addicts) changers. The ability to reach termination has been questioned by some experts. The debate revolves around the ambiguity of the definition of terminations. Some individuals may have stopped the harmful behavior, yet still have cravings or urges, while others may never experience those impulses (Prochaska et al., 1994, p.46). Additionally, researchers raised concerns that regard this model's lack of information about the number of individuals whom successfully move through the stages in a linear progression. DiClemente and fellow researchers (1991) responded by stating, "the available evidence suggests... change frequently does not involve only progression through the stages but also regression from a later to an earlier stage" (pp. 295-304).

3.5 Methods Illuminated

Textual analysis involves a researcher rigorously studying a specific text until they recognize emergent themes. The researcher saturates themselves with the data, striving to comprehend more significant information than the words alone symbolize. Emergent themes are then codified by the researcher and supported by data found in the text. An advantage of the use of documents like films, texts, photographs for textual analysis is the researcher's ability to continually re-evaluate data. Television and Television shows broadcast over the internet provide additional documents that allow researcher's to continually re-evaluate data. According to Lindlof and Taylor (2011) nonreactivity suggests that for the most part, a document is a relatively inert, stable object; meaning that by the time a researcher begins to study the document it has reached its final form. The use of documents as a source of data allows the researcher to study something in a stable form. Additionally, "to the extent that the information contained in documents--especially the kind previously identified as records---is vetted for accuracy, is used as a reliable basis for organizational decisions and actions, and/or is validated (or audited) by internal or external authorities, we may regard it as a trustworthy source" (Lindlof & Taylor, 2011, p. 237).

3.6 Procedure

Three episodes of A&E Television Network's series *Intervention* were retrieved from the networks website. These videos were selected for the type of intervention, strictly drug related, and the interventionist, Cindy Finnigan. Data collection was achieved through the viewing of each episode in its entirety, followed by the transcription

and textual analysis of the pre-intervention and intervention. Information provided prior to the two transcribed events was used as background/supplemental data. The information was then codified for emergent themes. As the researcher I submerged myself in rich data from the transcriptions, looking for similar topics and highlighting key statements in order to discover emergent themes. I focused on the supportive and/or defensive communication styles exhibited by participants during each interaction. The episodes for Suzon and Gabe were each available in one, forty-five to sixty minute video. The Michael's episode had been broken down into five, eight to ten minute sections. Transcriptions were made of the pre-intervention meeting and the actual intervention. Over the course of approximately two to six days per episode, these sections were transcribed. The process of analysis and codification is one of continual reflexivity where the researcher revisits the data until they no longer discover newly emergent themes.

3.7 Qualitative Research Validity

In an effort to achieve a basic level of objectivity the researcher acknowledges any pre-existing biases and puts forth efforts to bracket them. However, the researchers' personal history, feelings, and interpretations involving family participation in drug interventions will influence the data collection, transcription, and analysis. Researcher familiarity with the subject matter will impact the final analysis of all data reviewed during the textual analysis and discovery of emergent themes. The researcher as the primary tool indicates that the researcher is the first means of data collection and analysis. The personal aspects of the researcher will influence and aid in the understanding of emergent themes. While this perspective generates questions about

validity and reliability of qualitative research for some individuals, it is the humanistic qualities that strengthen this type of research. The use of methodological con-currency implies that the researcher has a heightened mindfulness of their personal biases, and routinely participates in researcher reflexivity. Also, qualitative research is based on the lived experiences of real people. Insight into their lives produces quality data that can be used to better the knowledge and understanding of specific rather than general issues. Examining the lived experiences of an individual or group generates a type of knowledge that cannot be achieved through other means of data collection.

3.8 Methods of Analysis

Searching through data to identify any recurrent patterns is known as thematic analysis. This is done to discover emergent themes in data. A theme is a cluster of linked categories conveying similar meanings and usually emerges through the inductive analytic process. Emergent themes allow a researcher to identify key information in the data that would otherwise not be found through traditional methods. Thematic analysis is vital to understanding the lived experiences of others. The results of thematic analysis may also provide the researcher with new insights that they themselves had yet to recognize or even consider.

CHAPTER 4

Paths to Intervention & Emergent Themes

“The Path of life can be long or short. And for each of us is different. For some it is straight and level. While for others it is windy and steep. But for most, it is neither. And yet, somehow, it is both...”

(Keith Roger Sherer, 2012)

4.1 Thick Description

Lindlof and Taylor (2011) refer to ethnography by breaking it down into two main components; *ethno-* (people) and *-graphy* (describing). Ethnographers describe and interpret the observable relationships between social practices and systems of meaning, based on “firsthand experience and exploration” of a particular cultural setting (p. 134). An important aspect of ethnography is thick description. The more empathetic detail a researcher can incorporate into an ethnographic description the richer the understanding will be in addition to the account being more valuable to a reader (p. 135). Often referred to as a representation of the data, thick descriptions provide a rich depiction of an event as it occurred, without analysis, and valuable data.

4.2 Gabe’s Path

“Gabe’s mother abandoned him on the streets of Calcutta, but he was adopted by a young American couple. Gabe seemed happy in America, but he secretly felt like an outsider. He began using marijuana and cocaine, and later graduated to heroin.”

(A&E, 2009)

Gabriel, preferably Gabe, was adopted at the age of three from an Indian orphanage by an American family. His adoptive family had five biological children, three girls and two boys, before his arrival. Every other member of his family is Caucasian with light skin, hair, and eyes. Gabe is of Indian Decent and has dark skin, black hair, and eyes. His family is religiously devout, and thus raised Gabe to be a Christian. The combination of his physical differences and his family's religious zeal made Gabe feel like an outsider. As he progressed from childhood to his teen years Gabe drifted further and further away from the family; indicating that their religious devotion left him feeling ostracized and unwanted. Gabe began to recreationally use drugs as at sixteen, leading to contention between himself, his parents, and his siblings. The more his family pushed for Gabe to accept his addiction as a sin, the more strained their relationship became. His drug abuse continued to escalate and Gabe's parents kicked him out of the house at eighteen. Several family arguments centered on addiction and adoption. Gabe repeatedly told his family that he felt like an outsider that did not belong. He also spoke about his desire to have someone "like him" that he could talk to; "I just need somebody who's gonna understand me. Somebody who's been adopted, somebody who's been an addict" (A&E, 2009). Twenty years old and unable to care for himself his older sister, Sarah, began supporting Gabe financially. The monetary support she provided Gabe with did not go toward life's necessities. Gabe spent all of his money on drugs and alcohol. At the age of twenty-three, addicted to heroin and cocaine, Gabe was approached by a documentary crew. He agreed to be filmed for a documentary on addiction.

4.3 Michael's Path

“A talkative, eccentric, antiques collector, Michael, was a military brat who moved with his family all over Europe and the U.S. But what he really wanted was a stable, loving home. After a series of traumatic events, Michael began to do drugs, and now he's a rambling, self-loathing addict. Even worse, his two sons have become his using buddies. Michael needs an intervention to save himself--and his children.”

(A&E, 2011)

Michael was raised by his mother and father for the first eight years of his life. The two were internment camp survivors. His mother was six when she entered captivity and endured life there for thirteen months. His father had a similar childhood, which he refused to discuss with his family. Michael was eight when his father unexpectedly abandoned the family, leaving his mother to raise their children alone. Five years later Michael began smoking marijuana. This progressed into his mother placing him in foster care at sixteen for drug use and erratic behavior. As depicted by Michael's response to the film crew questioning the effects of his drug use, “If it weren't for the drugs I wouldn't be who I am, are you saying that there's something wrong with me?!”(A&E, 2011). During that time he lived with two families and left foster care at eighteen. The next ten years of his life included intensive drug use, unemployment, and bouts of homelessness. At age twenty-eight he met and married Sarah. The couple had three children Nick, Alex, and Juliet. During the marriage he would leave for two to three days at a time for meth binges. After fifteen years Sarah filed for divorce, when Michael was forty-three. Within a year of his divorce Michael was homeless. Now at the age of fifty-

two he is living in government assisted housing and uses meth every day. Michael is addicted to crystal meth, in addition to marijuana. His sons, Nick and Alex, supply Michael with marijuana up to four times a week. Juliet is the only member of the family that refuses to speak to Michael because of his addiction. Ten years after the divorce, Michael still talks to his ex-wife three or more times a week, though she remarried three years ago (A&E, 2011).

4.4 Suzon's Path

"Once a supermom who took her kids to soccer practice and kept a spotless home, Suzon's life spiraled out of control. Now she lives with her new boyfriend, collects scrap metal, and sells prescription drugs to pay for crack. Suzon needs an intervention, but her mother threatens to hijack the process with her old resentments. Can mom put aside her agenda and help save her daughter?"

(A&E, 2012)

As a child Suzon was raised by an admittedly strict father and lenient mother. These discrepancies in child rearing led to Suzon becoming the focal point of many of their arguments. At times her father, Tom, enforced physical punishments when he felt Suzon had done something wrong. These punishments continued until at fifteen Suzon became a single mother to her son Bradley. Suzon and Bradley lived in her parent's home until she graduated from high school. Prior to the move Suzon and her mother (Terrie) fought over who should and how to raise Bradley. Shortly after renting her own apartment Suzon's parents divorced. At the age of eighteen she met Jeff. They married when Suzon was 21, leading to the births of Isaac and Caden. Suzon fulfilled her role as

an attentive and involved parent with all three of the boys and their schooling. Ten years after their marriage Jeff told Suzon he had feelings for another woman. He did not have an affair, but Suzon felt she had been emotionally betrayed. Later that same year Suzon met Chris and they began an affair as well as intense cocaine use. At thirty-two Suzon and Jeff were divorced. Eighteen months later Jeff was granted full custody of Isaac and Caden. Suzon is allowed to have supervised visits with them. Unemployed and addicted to cocaine, Suzon sells scrap metal and prescription pills to buy drugs for herself and Chris. Suzon's family describes this relationship as being unhealthy because Chris is unemployed and uses Suzon to support his habit since, yet does nothing to generate income for the couple. Son Bradley labels his mother as the person who abandoned him. Shortly after his seventeenth birthday Bradley attempted suicide. At this time that Suzon promised to stay clean, but she relapsed two months later. Suzon has been addicted to crack cocaine for two years (A&E, 2012).

4.5 Emergent Themes Overview

General concepts brought on by the structure of the intervention aided in the discovery and formulation of themes. Supportive and defensive communication styles were the focal point of the study and were found throughout each intervention. Supportive statements (regarding love, concern, and compassion) and defensive statements (centered on self-preservation, controlling messages, and avoidance of specific issues) were prevalent. Fluctuations between supportive and defensive communication styles also appeared to follow the structure of the intervention.

Initially, the strongest theme, depicted by defensive communication tactics exhibited by each of the three addicts, was *there 's nothing wrong with me*. However, that theme seemed to lose strength as each of the interventions progressed, resulting in a less defensive and more supportive communication theme emerging from the participants of the intervention: *we love you, but unless you change, we 're done*. Family and friends offered an ultimatum to the addict. Their tones indicated support, while the context of the messages remained defensive. The following theme was not specifically addressed by any one participant; however, it was present in all three interventions: *love is conditional*. The ultimatums given to the addicts set up conflicting communication. The terms and style of communication were supportive but the messages were not. Next, the interventionists stated the impending future for the addict if they were unwilling to change. The addict's loved ones unanimously supported this theme: *overdose or premature death*. For instance, Gabe's family was terrified that he would accidentally end his own life by taking too much heroin at once (A&E, 2011). Additionally, abandonment issues were discussed by each of the addicts, resulting in overtly defensive communication styles being implemented. Suzon, Michael, and Gabe all addressed feelings of rejection that fed their addictions. The following theme revealed a need for defensive communication styles to be replaced by supportive communication styles. The interventionists indicated that *feeling like they don't belong* would be a lifelong theme. A theme emerged as a result of the family's need for attention: *notice me*. Finally, the last theme centered on *addiction as an illness vs. addiction as a sin*, and produced defensive communication from nearly every participant. Gabe's family was adamant in their belief

that religion could cure his addiction, while the interventionists disagreed. The interventionist expressed their understanding of the importance of religion, but also stressed the need for medical and psychological care.

4.6 There's Nothing Wrong with Me

Specific topics of discussion lead to concentrated defensive communication tactics. Evaluative language coupled with control and strategic messages were utilized by the addicts initially. Suzon's unwillingness to make eye contact, sit up straight, or uncross her arms physically displayed defensive strategies as well as verbally. Here her uncertainty and surprise in being ambushed by the intervention was revealed. Her psychological and physical discomforts were obvious to the other participants. When asked if she knew why everyone had gathered, Suzon reacted by looking at the floor and shrugging her shoulders. These actions may be categorized as submissive in nature; these actions are also identified as defensive communication tactics. On the opposite end of the spectrum Michael exhibited more aggressive defense mechanisms. He responded to the documentary crew in a wild outburst after being asked if he blames himself for his children's drug use. "If it weren't for the drugs I wouldn't be who I am, are you saying that there's something wrong with me?!" (A&E, 2011). This outburst was accompanied by Michael flailing his arms, increasing his volume to a yell, and throwing an object he had been holding in his hand. Michael's erratic behavior amplified the other participants' defensive behaviors. Physical tension was displayed on his sons' faces and in their posture. Michael was either unaware or indifferent to the detrimental effects of his actions to the communication of the group.

Likewise Suzon's parents were unable to provide a supportive communication climate even though Suzon was in need of one. Her mother and father would not speak directly to one another, and also refused to make eye contact. Suzon's father, Tom, stated early on that he had little hope for the success of the intervention. Tom constructed control messages in regard to Suzon's mother, Terrie, which furthered the defensive climate. Tom maintained a rigid posture, arms crossed, gazing straight ahead at a wall. These communication tactics are generally considered hostile by others. As noted by Gibb (1961) defensive communication by one person is responded to with defensive communication. Even after being told directly by Cindy (the interventionist) that everyone had gathered for Suzon, the two were unable to exhibit supportive communication behaviors. Similarly, Gabe reacted with a defensive posture and defensively geared terms. His father Bill exhibited defensive communication tactics in response. Bill began with his arms crossed over his chest, demanding that Gabe look at him while he spoke. His voice was quiet but deliberate while he delivered his ultimatum. Almost immediately Gabe began defending his addiction, citing heroine as his pick-me-up and the only real reason he had to live, Gabe directly contradicted his father's personal values and beliefs. The tension between the two men generated silence and uneasy bodily shifts from the other participants.

4.7 We Love You. But Unless You Change, We're Done

Supportive communication can sometimes appear to be defensive. Interventionists advise family members to stick by their word and not allow the addict to re-enter the family unit as before. Harsh as it may seem, this guideline has the addicts' best interests

in mind. Continually allowing an addict back into your life after telling them this is the last time only exacerbates the problem. The family allowed the addict to take responsibility by telling them that the only way they could continue to participate in family activities was by accepting help. Cindy stated during Michael's intervention (A&E, 2011) if an addict is not held accountable for their actions they will never have any reason to change their behavior. During the intervention each participant gave the addict an ultimatum. The structure of this process was the same for Suzon, Michael, and Gabe. The three exhibited vastly different variations of supportive and defensive communication styles. The families structured their ultimatums with a problem orientation, demonstrating their respect and desire to reach an agreeable solution with the addict. Sager and Gastil (2006) describe problem orientation as "a willingness to work collaboratively on problem definition and solution generation as enacting a type of supportive communication" (p. 7). While each ultimatum was unique, each contained the same basic message; as Gabe's sister Sarah remarked, "If you don't choose to get help, our relationship has to change" (A&E, 2009). Again, the message taken out of context appears to be defensive, yet with Sarah's soft spoken and steady delivery this message was exhibited with supportive communication behaviors. She made direct eye contact with Gabe and her facial expressions indicated earnest compassion. Empathy and equality were both present during her ultimatum delivery.

By accepting the help that their families were offering Suzon, Michael, and Gabe were granted opportunities to reinvent themselves, their relationships with their families, and the possibilities for their futures. Cindy describes this process as one of the most

daunting tasks that a family member of an addict can undertake. Not only giving the ultimatum, but following through if the addict decided to decline help can seem impossible (A&E, 2009).

4.8 Love is Conditional

Despite the supportive communication an intervention is designed to promote, therein lays a structural inconsistency. Engrained in the organization of an intervention is conditional support for the addict. When presented with ultimatums the addict is told forthright that unless they accept the treatments offered their lives will never be the same. Acceptance of the help that their families were offering offered Suzon, Michael, and Gabe the opportunity to reinvent themselves, their relationships with their families, and the possibilities for their futures. Denying the offerings would mean isolation; Sarah looked her brother Gabe in the eye and tearfully said, “If you don’t choose to get help, our relationship has to change. I can’t keep your secretes anymore” (A&E, 2009). Denial would mean destitution; Michael was confronted by his cousin, also named Michael, “If you’re not willing to take care of part of this recovery process today you need to know that there will be consequences for your decision. Our relationship will change in the following way. (strong verbal emphasis) I will not be able to take care of any of your financial needs anymore. Um I will not love you to death” (A&E, 2011). Denial is rejection; Suzon’s ex-husband Jeff made that very clear by telling her, I can’t provide any means of emotional support [unless you agree to treatment]” (A&E, 2012).

4.9 Overdose or Premature Death

Drug and alcohol addictions are prevalent in our society today. One course of action to alleviate the burdens these addictions cause is participation in an intervention. Families actively participate in interventions in an effort to prevent an accidental overdose or premature death caused by damage done from years of drug abuse.

During the intervention one of the first things Sarah said to Gabe could be heard in one way or another by each of the participants. “I’m constantly worried about you and if you will even keep on living. Please know that nothing you could ever do would stop me from loving you, but also know that if you were to die prematurely (crying) it would break my heart” (A&E, 2009). This sentiment, while differently worded, could be found in each of the interventions. Jeff reified this supportive claim when he told Suzon, “It has caused me deep emotional pain having to watch the woman that I loved and gave my heart and soul; to spiral out of control, and become someone I hardly even recognize” (A&E, 2012). Cheryl, Gabe’s mother, supported this theme when she said, “Every day we worry about you Gabe. One day we’re gonna get a phone call that we don’t wanna hear”. The communication styles chosen by Gabe’s mother in comparison to his father are drastically different. Cheryl chose to use supportive verbal and nonverbal tactics to reinforce her message; on the contrary, his father continually chose defensive communication. The overall effectiveness of Cheryl’s message versus Bill’s was noticeable by Gabe’s reaction to each. Throughout Cheryl’s plea’s Gabe made an effort to make eye contact with his mother for brief moments. His body language was also more

open while Cheryl was speaking, but as soon as his father began to speak Gabe enacted defensive communication.

4.10 Rejection and Feeling Like They Don't Belong

Each addict addressed some feeling of abandonment, a lack of love from family as a reason for their addiction. Michael referred back to his aggressive defense mechanisms when asked about his upbringing; his face visibly hardened, his tone grew unforgiving, and posture suffered. He chose derogatory terms such as “bitch” and “worthless” to describe his mother. As discussed by Baker (1980) judging or evaluating the individual and/or their comments can only lead to an increase in defensive communication tactics. All parties should be addressed as equals that are both important and competent and the speaker should avoid demeaning others and their contributions (p. 40).

Gabe's family disclosed the circumstances of his life prior to his adoption, thus generating unanswerable questions. For instance, Gabe wanted to know why his birth mother abandoned him, if he had other siblings in Calcutta, and if they knew about him. These nagging unanswerable questions perpetuated the isolation that Gabe was feeling. His family was continually reassuring Gabe that he belonged in the family which only increased his paranoia that they had ulterior motives. Going back to the six behavior characteristics of defensive climates described by Gibb (1961), Gabe felt that his family was exhibiting some kind of superiority in their messages. The family's decision to have Cindy personally involved in Gabe's intervention was a direct result of this paranoia.

Adoption and personal addiction were the reasons why the interventionist attending to Gabe was chosen. During the intervention Cindy, the interventionist, revealed something very personal to the group and Gabe especially, "I'm adopted... (pause). Alcohol and drugs were a symptom for me. I had to go through all these feelings and pain and anxiety. I've never met my biological mother and I'm forty years older than you are. Um, and then one day I had to wake up and just think it was ok. I am here because I have changed my life so I can help you change yours" (A&E, 2009). Cindy may have been implying that Gabe lacked a preconceived solution to his addiction and by sharing her story demonstrated both supportive communication and her desire to allow Gabe to realize he was capable of setting his own goals, making his own decisions, and evaluating his own progress. This revelation provided Gabe with the opportunity to see that he was not alone. Being able to relate to someone on such a deeply emotional level was monumental to his decision to take the first step to recovery. Cindy's empathy, provisional communication, and spontaneity had a profound impact on Gabe. This supportive communication may have been the last bit of encouragement that Gabe's family simply could not provide because they did not fully understand what he was experiencing. As defined by Baker (1980) Cindy enacted a problem orientation, "a desire to collaborate in defining a mutual problem and in seeking its solution" (p. 41).

4.11 Notice Me

Addiction is an all-consuming condition. Addicts become so focused on their addiction that little else matters, including loved ones. Spouses, children, and parents become the victims of neglect. Throughout taping Michael's family made comments

about him never being around. They suggested feelings of abandonment, resentment, and a strong need to have his attention. Unfortunately, if he was around it was only to use them for his own personal benefit. At separate times his two adult sons commented on their use of illegal drugs with their father. Alex stated, "Getting high together brings us closer together" (A&E, 2009). While his brother Nick affirmed, "I'd rather have my dad all fucked up than not at all" (A&E, 2009). These statements show a strong need to gain their father's attention, perhaps in an effort to replace the time that was lost during their childhoods. Michael's sons intended to display indifference regarding their father's drug use by choosing neutral terms to describe their feelings; yet, they were unable to mask their physical reactions to this topic during the intervention. Both young men demonstrated empathy and spontaneity, implying supportive communication.

His children are so desperate to be involved with Michael's life that they actually purchase drugs for him. These actions lead to the young men developing an unhealthy relationship with their father that centered on codependence. By supporting their father's self-destructive behaviors, the young men placed themselves in similar destructive patterns. The two repeatedly used illegal drugs with their father, furthering the codependent relationship. Using drugs together was a cyclical process and as soon as the drugs were gone so was Michael. Alex also suggested that if it were not for the drugs his father would never try to contact any of his children, proposing this as the reason why the family had never attempted an intervention on their own.

Michael's children are not unique in craving the attention of an addicted parent. Suzon's three sons also described an absent parent that chose to use illicit drugs instead

of spending time with them. Bradley, Suzon's oldest son, stated in an off-the-cuff manner (a display of indifference) that his attempt at suicide wasn't even enough to grab her attention. A startling revelation for any parent, thus far Suzon was unable to stop her drug use. Bradley had implemented an overwhelmingly aggressive form of communication by attempting to take his own life. Suzon's younger sons, ages eight and ten at the time of filming, continually asked their father why their mother was never around. He would answer by telling them that she was very busy, never mentioning her drug addiction. Before the intervention Suzon tearfully asked how a parent was supposed to say that they had chosen drugs over their own children. While her verbal and paraverbal communication indicated evaluative language, her nonverbal communication (crying) implied that Suzon was being genuine with her message. It is a difficult concept to grasp, but one that is not unfamiliar to families all over the United States.

The desire to have a close family member provide their undivided attention to an individual is not strictly limited to children. In Gabe's case his siblings and parents were the ones yearning for attention. Gabe's sister Sarah felt that unless she provided financial support to her brother he would no longer be a part of her life. Because of this assumption Sarah was on the brink of bankruptcy and her family was constantly confronting her about supporting Gabe's addiction. This was an instance of a defensive climate centering on a specific individual while being enforced by multiple members of a family.

4.12 Addiction as an Illness vs. Addiction as a Sin

During the pre-intervention filming of Michael and Suzon, certain members of their families addressed religion. These individuals emphasized the time they had spent

praying for the addict or in a church lighting prayer candles. The families earnestly wanted their loved one to reach a healthier state of being; however, the addict perceived this as an attempt to demonstrate their superiority over the addict. This assumed state of superiority resulted in a defensive communication climate because of the familial efforts to have a higher power (God) cure their loved one's disease. These actions gave the families a sense of control and possible success in the future.

While religion was discussed in each of the interventions, it did not become the focal point of discussion except during Gabe's intervention. Bill addressed Gabe and his addiction as a sin directly, "I'll never stop loving you. I'll never stop praying for you. And I'll continue to believe that with God's help you'll be able to kick this addiction and be renewed in your mind" (A&E, 2009). Bill demonstrated his certainty (another defensive tactic) regarding religion in direct defiance of what Gabe valued.

Among the interventionist, Gabe, and his family there were mixed interpretations concerning what to label the addiction. Gabe received supportive communication from Cindy (both in her verbal and nonverbal communication) about his understanding that his addiction was a disease, something to be treated in a medical center, and afterward a recovery center. Yet, other members strongly disagreed. Bill directly contradicted Gabe (enacting defensive communication through certainty, superiority, and control messages), "So I understand where you're coming from when you say he's sick. But on the other hand I (pause) I've heard so many things called sickness... that really are sin" (A&E, 2009). The focus of the intervention was no longer on Gabe but on the addiction. A rebuttal by Jason to this statement depicts the strong certainty that religion is important to

the family, but it should not be the focus of the intervention "... your true belief is amazing. But (pause) in this situation i, i, it becomes overwhelming for Gabe because it's a another failure for him. (pause) And it separates him from you" (A&E, 2009). The members never did agree on whether Gabe's addiction was an illness or a sin, but they did agree that it was going to kill him.

CHAPTER 5

Conclusion

“Words are, of course, the most powerful drug used by mankind.”

(Barrack-Room Ballads, 2012)

5.1 Discussion

5.1.1 Theory & Application

Hermeneutics and grounded theory allowed the researcher to enter the study without having a specific outcome in mind. The processes of data immersion lead to the discovery of themes that may not have been recognized by utilizing a survey or questionnaire. Continually revisiting the data and applying what has previously been gleaned in order to perpetuate understanding is an intricate and scientifically beneficial process. The implementation of hermeneutics and grounded theory in this study allowed the raw data to provide rich information for the researcher and potential readers alike. These theories were used in conjunction with the Transtheoretical Model and Systems theory.

Addicts and their loved ones communicated during the intervention in ways that have been characterized by Prochaska and others (1992) in the stages of change. Different stages could be identified ranging from the addict in precontemplation: unaware of problem, possibly not thinking of or wanting to change; to the loved one taking necessary action. The action, maintenance, and termination stages were not depicted since the intervention was an initiating factor in the process of change for all participants.

The three addicts in this study were considered to be precontemplators prior to their interventions; however, it is important to note that even precontemplators can wish to change. Wishing to change does not show the same intent or serious consideration to change that contemplator's display (p 1103). Once the interventions were underway, the addicts and those who exhibited codependence began to communicate characteristics of contemplation. Discussing their addiction, what would happen if they were to accept the help being offered, or making statements of remorse for their actions the addicts and codependents entered the contemplation stage. Contemplation and intent to act became blurred during the intervention process; these stages are not linear or mutually exclusive. The participants fluctuated among the stages depending on their commitment level and the context influencing their communication styles. Action was alluded to by the addicts when they agreed to receive treatment, unfortunately, the intervention process studied does not reach beyond the intending to act stage.

Also displayed during the intervention process was the systems theory as it applies to familial communication. Family dynamics in chemical addiction reveals dysfunctional behaviors and interactions that support the addict and their actions (Isaacson, 1991, p. 11), referring to the addict as well as any codependent family members. Isaacson (1991) identifies a few underlying assumptions regarding chemical addiction and families are (a) family functionality is greater than the sum of its parts, the family resists change [regardless of past indiscretions on the part of the addict, their families continually forgave them and returned to *normal*] , (b) the behaviors of family members are interlocking [Michael's children supplied him with drugs in order to interact

with their father], (c) familial problems repeat over generations [Suzon's mother perpetuated the dysfunctional family system through Suzon and by caring for her grandchildren], and (d) individual symptoms reflect larger problems within the system [unresolved feelings of neglect, being wronged, or inability to accept responsibility for one's own actions were all present in the intervention process] (pp. 11-12). Maintaining components of the family system, as it exists with a chemical dependency, includes codependent interactions and behaviors of family members. Addiction and codependency were both present in all of the interventions and both needed to receive appropriate treatment.

5.1.2 Themes

There's nothing wrong with me characterized the precontemplation stage. Denial of addiction as a negative behavior or as something that needed to be fixed permeated the initial intervention development. While not recognized until later in the hermeneutic process, this theme also applies to codependent participants as well. At the time, the addict and their codependent loved one were unwilling or unable to identify the delinquent behavior. According to Cullen and Carr (1999) codependency may be linked to parental substance abuse, parental mental health, childhood abuse, and family of origin dysfunction (p 507). This theme echoed two underlying assumptions made by Isaacson (1991). First, the family resists change. During the pre-intervention conversations hesitation and reluctance to work together inhibited the process. Next, the interlocking behaviors of family members inhibit the process; codependent relationships negatively

impact the family system. However, they remain and are reinforced until the individuals in question decide to embrace the process of positive health behavior changes.

Supportive communication encouraged the participants of the intervention to be frank with the addict: *We love you, but unless you change, we're done*. The participants had moved from the precontemplation stage to a combination of contemplation and intended action. Gibb (1961), Sager and Gastil (2006), describe individuals displaying a willingness to work collaboratively on problem definition and solution generation as enacting a type of supportive communication known as problem orientation. The family members are willing to work with one another to define the problem (addiction) and craft solutions. The codependent relationships are weakened by the participants' decision to embrace change. The dysfunctional family system is no longer being supported and new family communication rules can be created. Referring to the second assumption made by Isaacson (1991), family members' behaviors are interlocked and the decisions of one affect all.

Despite the common saying *love is conditional*. A key component of the intervention process is providing the addict with an ultimatum: the addict can accept treatment or reject treatment. Either way the addict is held accountable for their behavior and must deal with the consequences of their decisions. These ultimatums serve as tools to impose responsibility on the addict. However, the use of supportive communication in order to deliver a defensive message is conflicting. Qualities of supportive communication reduce defensiveness in the others (Gibb, 1961, p. 142). The intervention participants are enacting supportive communication in order to further their agenda. Yet,

this is categorized as strategic communication, a defensive style. The combination of the two is necessary in order to deliver the message to the addict in a supportive way while still enacting the ultimatum: a sort of *tough love* scenario that attempts to prevent the untimely demise of the addict.

Cindy summed up the death of an addict in one sentence, “There are no such things as old junkies” (A&E, 2009). *Overdose or premature death* is a primary reason interventions are considered by the loved one of an addict. The emotional, financial, and social impacts of addicts are tremendous for a family, but the loss of a loved one is even greater. Here the family is progressing further into the intended action stage and closer to the action stage. As a system the family is beginning to identify new communication rules that no longer support addiction. Previous communication styles have been identified as detrimental to the family and acknowledged as sustaining the addiction. Codependence is also acknowledged as a negative component of the family system and its communication. In order for the family communication rules to support a healthy behavioral change, the addict and any codependent family members must receive the appropriate treatment.

Perceived or real isolation can have devastating effects on a person. *Feeling like they don't belong* saturated the life-stories of Suzon, Gabe, and Michael. Each identified their family as being the source of this isolation. Intentional or not the family system and its communication rules were reinforcing these feelings of isolation. The fourth assumption identified by Isaacson (1991) indicates larger problems within the system are reflected by individual symptoms, can be found in this theme as well as in *notice me*. The

system has failed to address an issue that is causing one of its parts to malfunction. As indicated Isaacson's second assumption, any malfunction with a subsystem will affect the entire system and perpetuates the dysfunctional process. In *notice me*, the dysfunction was magnified by the family members desire to interact with the addict. This desire strengthened the detrimental communication that was taking place, amplified codependent behaviors, and allowed the addict to evade responsibility for their actions. The following theme revealed opposing viewpoints and fueled defensive communication.

Religion, medicine, and addiction are not perceived equally by all. *Addiction as an illness vs. addiction as a sin* ignited a defensive climate that lead to the regression of family communication rules to again being destructive. The argument that a higher power is all that is needed to cure an addict was met with contention. Regression to dysfunctional family communication rules also hindered the family system as a whole. Members of the family resorted to discounting one another's theological views, the views of the interventionist, and the credibility of medical science. In questioning the validity of the intervention process, the family shifted back to the precontemplation/contemplation stages. Again noting the assumptions from Isaacson (1991), the family resists change and family functionality is greater than the sum of its parts, the behaviors of family members are interlocking, and individual symptoms reflect larger problems within the system (pp. 11-12). The participants never did come to a consensus on the *one true* solution to addiction, but a combination of religion and medical science was agreed upon for treatment.

5.1.3 Supplementary Discussion

Week in and week out the United States is privy to the most intimate details of an addict's life without ever leaving the comforts of home. It is unrealistic to assume that the presence of the filming crew, the interventionist, and the editing process had no effect on the final product. These depictions may or may not be accurate, and the viewer may never know the difference. From the information available, instances of codependence, distinct styles of communication, and a desire to improve the lives of others were exhibited by participants. The structure of the intervention implemented by Cindy Finnigan also effected the ways in which participants communicated.

An important aspect for each of the addicts studied involved a codependent person in their lives. Children, parents, and siblings can fill this role, but it is not a healthy position to be in. Isaacson (1991) noted that a codependent person may maintain the addictive behaviors of another due to fear, shame, guilt, anger, and denial. Family members abide by *family communication rules* which perpetuate the addiction (p. 12). Terrie allowed Suzon to avoid responsibility by providing childcare and money, Gabe's sister Sarah nearly went bankrupt attempting to save her brother, and Michael was given endless emotional and financial support from Alex, Nick, and Sarah. Additionally, there was an obvious codependence in Michael's relationship with his sons; who provided him with drugs just to interact with their father. Cindy exemplified this by stating "Okay. There is treatment for co-dependency and I'm gonna have to tell you something. It is really important because if you don't work on you, you are going to die with a broken heart. Because you will never be able to do enough and it's heart breaking" (A&E, 2012).

During the intervention process, supportive and defensive communication styles were examined. As previously indicated, no two people communicate by using the same styles. Context will always alter where the individual is on the continuum between supportive and defensive communication. During the pre-intervention and intervention processes all parties involved enacted distinct, yet ever evolving, communication styles; weaving in and out of defensive and supportive practices.

Fluctuating combinations of verbal, paraverbal, and nonverbal defensive communication were exhibited; with aggression being a driving force. For instance, increased speaking volume and rate, harsh tones, derogatory terms, and menacing gestures; including rolling of the eyes, crossing of the arms over the chest, and repeatedly clenching and unclenching of fists all took place during the intervention process; displayed during Michael's intervention. Intense emotional responses were common for Michael whenever his drug use was called into question. He also exhibited a deep sense of denial about his lackluster parenting and marital skills. By ignoring questions, denying accusations, and irrationally defending his addiction Michael attempted to negate his responsibilities. If he continued to ignore his problem, he would not have to try to fix it. In this there would be no chance of failure. Also, he would not have to take responsibility for his own actions. He could continue to blame his parents for every problem he encountered during his life (A&E, 2011).

During the intervention defensive communication was also enacted by family members. Signs of frustration and anger were communicated through verbal, paraverbal, and nonverbal tactics. These types of defensive communication were not continuously

directed at the addict, at times the tension would increase between other family members. Such as when Tom stated “We are here to try to help Suzon (head nodding, looks at Terrie). “So ju just get off your horse and lets gg move on” (A&E, 2012); demonstrating a defense-producing statement. Perhaps, this overtly aggressive communication style is specific to certain individuals.

Supportive communication was encouraged more readily than defensive or aggressive styles, but was not as easily displayed. Participants took more time in choosing supportive terms and earnestly making supportive gestures where prior defensive communication styles were fast-paced and ill-conceived. The addicts’ responses to supportive communication were guarded at first, but as the interventions progressed the responses were less hostile and more receptive. As noted by Gibb (1961) by the end of the interventions the addicts and the family members were enacting more submissive and supportive communication styles. The previous aggressive tones, gestures, and language had dissipated.

Participants engaged in the intervention process with their own previously enacted communication styles that were not productive. However, the use of the pre-written plea, and the structure provided by the interventionist inhibited past destructive communication styles from taking precedence. More supportive and productive styles were enacted because the interventionist suggested that each member allow the others a chance to speak without interruption, providing an equal and safe environment for all parties. Active listening and reflexivity were also encouraged by the interventionist for the

intervention and future interactions. This included providing individuals with adequate time to speak, taking the time to ask questions, and providing honest feedback.

5.2 Research Limitations

Data provided by pre-recorded videos offer the researcher no control over the content of the videos. This is limiting because not all aspects of the interventions will be displayed; for instance, interactions may not be recorded by the cameras or microphones, dialogue may be edited for brevity, or completely removed by the editing professionals for A&E. Also, textual analysis of prerecorded videos does not allow for further clarification. Asking participants follow-up questions or asking for additional details to further explain participants intended meaning was impossible. The researcher recognizes selection bias as a limiting factor for the data collected and analyzed. These limitations hinder the researchers' ability to adequately assess the data for commonalities and emergent themes; but do not prevent the researcher from identifying overall themes that exist in each of the videos being addressed. Additionally, utilizing the systems theory approach to family communication limits the scope of the study. The family has been defined in many ways and for a variety of contexts (Galvin & Brommel, 1996). However, by conforming to any one definition the study will then be limited by parameters of the definition.

5.3 Implications for Future Research

The current study may provide a suitable foundation for future research on communication styles exhibited by family members during an intervention. Subsequent studies may require in-person observation, field notes, questionnaires, interviews, or comparisons to alternative interventions. This would ensure first-person accounts of the proceedings, as well as, a broader range of data for emergent themes to be discovered. Further research is needed with a larger base of interventions in order to have more generalizable findings. Also, group or individual interviews of the participants could yield useful data. Comparing studies conducted on alcohol interventions may be of some benefit as well. While the substance is different, individuals suffering from alcohol addiction may exhibit similar communication styles as those suffering from illicit drug addictions. Future studies derived from this research may explore the family dynamic and its impact on interventions, parent-child communication styles before and after interventions, or the family system before, during, and after an intervention.

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